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PTO/SB/22 (12-04)
Approved for use through 7/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

REQUESTION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) LORWER P33AUS																									
Application Number 10/523,454		Filed with an effective filing date of July 28, 2003																									
For METHOD AND DEVICE FOR CULTURING CELLS																											
Art Unit 1651		Examiner Allison M. Ford																									
<p>This is a request under the provision of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table><thead><tr><th></th><th><u>Fee</u></th><th colspan="2"><u>Small Entity Fee</u></th></tr></thead><tbody><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$ 120</td><td>\$ 60</td><td>\$60</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$ 450</td><td>\$ 225</td><td>\$</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$1020</td><td>\$ 510</td><td>\$</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$1590</td><td>\$ 795</td><td>\$</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17 (a)(5))</td><td>\$2160</td><td>\$1080</td><td>\$</td></tr></tbody></table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-0213. I HAVE ENCLOSED A DUPLICATE COPY OF THIS SHEET.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number 32,018</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) 32,018.</p> <p>_____ Signature</p> <p>_____ November 21, 2005 Date</p> <p>_____ Michael J. Bujold Typed or printed name</p> <p>_____ (603) 624-9220 Telephone Number</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of 1 form is submitted.</p>					<u>Fee</u>	<u>Small Entity Fee</u>		<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 120	\$ 60	\$60	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ 450	\$ 225	\$	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$ 510	\$	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$ 795	\$	<input type="checkbox"/> Five months (37 CFR 1.17 (a)(5))	\$2160	\$1080	\$
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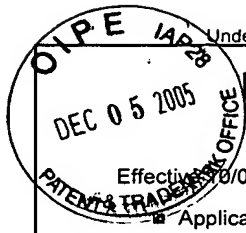
This collection of information is required by 37 CFR 1.191. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. § 122 and 37 CFR 1.14. This collection is estimated to take 62 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

12/06/2005 HDESTA1 00000005 10523454

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60.00 OP



FEE TRANSMITTAL

for FY 2005

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

Complete if Known

Application No.
Filing Date
First Named Inventor
Examiner Name
Group Art Unit

10/523,454
with an effective filing date of July
28, 2003
Augustinus BADER
Allison M. Ford
1651

TOTAL AMOUNT OF PAYMENT: \$ 6000

Attorney Docket No.

LORWER P33AUS

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number: 04-0213

Deposit Account Name: DAVIS & BUJOLD, P.L.L.C.

The Director is authorized to: (check all that apply)

- ☐ Charge fee(s) indicated below ☒ Credit any overpayments
☐ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified account.

FEE CALCULATION

1. FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1011	1000	2011	500	Utility filing fee	
1012	430	2012	215	Design filing fee	
1013	660	2013	330	Plant filing fee	
1014	1400	2014	700	Reissue filing fee	
1005	200	2005	100	Provisional filing fee	
SUBTOTAL (1)					\$

2. CLAIMS

	Extra	Fee From Below	Fee Paid
Total Claims	-20*	= \$ 50 (\$ 25)	x =
Ind. Claims	- 3	= \$200 (\$100)	x =
Multiple Dependent	=	= \$360 (\$180)	x =

** or number previously paid, if greater; For Reissues, see below

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple dependent claim
1204	200	2204	100	**Reissue independent claims over original patent
1205	50	2205	25	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)				\$

**or number previously paid, if greater; For Reissues, see above

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) \$60

SUBMITTED BY

Completed (if applicable)

Typed or Printed Name

Michael J. Bujold

CUSTOMER NUMBER: 020210

Registration No.

32,018

Deposit Acct. No.

04-0213

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Date: November 21, 2005

Signature

Michael J. Bujold